

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/030578

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
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7		1				
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35		1				
36		3				
37		3				
38		1				
39		3				
40		1				
41		1				
42		1				
43		2				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	51					
TOTAL CLAIMS	54					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						